

## APPLICATION FOR APPLICANT STATUS

Name of Institution

Chief Administrative Officer

1. Institutional application fee of \$200.00. (Check made out to the State of Indiana)
2. Institutional Surety Bond in the amount of \$\_\_\_\_\_, dated from \_\_\_\_\_ to \_\_\_\_\_.
3. If there are agents or field representatives, the following must be supplied: an Application for Agents Permit, an Agent Training Verification, and an \$80.00 agent application fee for each agent are enclosed.
4. Provide the following information for each program offered:

## TUITION

[illegible]

5. Provide the total number of students anticipated. \_\_\_\_\_
6. Provide a copy of the most recent inspection report from your local fire department.
7. Out-of-state institutions **ONLY**: Provide written verification of home state approval.
8. Provide documentation of liability insurance to cover students. (Indiana Code 20-1-19-7(8))
9. If your institution is incorporated, please include a current copy of your incorporation papers as filed with the Indiana Secretary of State. If your main campus is located out-of-state but you have a physical presence in Indiana, then you must provide a copy of *Indiana Foreign Corporation* status.
10. List names and address of the institution's stockholders owning 5% or more of stock in the institution or corporation.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Attach a copy of your current or proposed school contract or enrollment application, catalog and/or brochure(s).
12. A course offered by an institution will be appropriate for the enrollment of a veteran or eligible person for purposes of using G.I. educational benefits only if it has been in operation two years. Do you wish to apply for this approval in two years?  
YES \_\_\_\_\_ NO \_\_\_\_\_

I hereby swear and affirm that the information contained herein is true and correct to the best of my knowledge and all supportive statements and documents are true and factual.

\_\_\_\_\_  
Chief Administrative Officer (Signature)

\_\_\_\_\_  
Official Capacity

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
Social Security Number

STATE OF \_\_\_\_\_ )  
 ) SS:  
COUNTY OF \_\_\_\_\_ )

Subscribed and Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Printed Name

\_\_\_\_\_  
Notary Public Signature

My Commission Expires:\_\_\_\_\_ County of Residence\_\_\_\_\_